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08/09/2005 HVUONG2 00000074 10698737

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| Maggie Galle | (Depositor's name |
|----------------|-------------------|
| Margin Dalle | (Signature |
| August 4, 2005 | (Date |

| APPLICATION NO. | FILING DATE | F | IRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---------------------|--------------------------------|----------------|--|-----------------------|------------------------|
| 10/698,737 | 10/31/2003 | Attilio Tomasi | | HO53912.0133US0 | 3128 |
| TITLE OF INVENTION: | | | | | |
| RADIO FREQUENCY | LOCATION SYSTEMS (R | FLS) TECHNIQUE | S AND METHODS BASED ON WI | RELESS SENSOR MESH NE | TWO |
| | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | E PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 08/11/2005 |
| EXAMINER A | | ART UNI | CLASS-SUBCLASS | | |
| | . | | · | ' | |
| CFR 1.363). | ce address or indication of "F | ` | 2. For printing on the patent front pag (1) the names of up to 3 registered pagents OR alternatively | 1. 41.1. 0 | p Strauss Hauer & Feld |

| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence | (1) the names of up to 3 registered patent attorneys 1 Akin Gump Strauss Hauer & Feld | | | |
|---|--|--|--|--|
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON | THE PATENT (print or type) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assigne recordation as set forth in 37 CFR 3.11. Completion of this form is No. | te data will appear on the patent. If an assignee is identified below, the document has been filed for OT a substitute for filing an assignment. | | | |
| (A) NAME OF ASSIGNEE | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | |
| Pharmacia | Bury, Lancashire, United Kingdom | | | |
| Please check the appropriate assignce category or categories (will not be | printed on the patent): | | | |
| | 4b. Payment of Fee(s): | | | |
| Issue Fee | A check in the amount of the fee(s) is enclosed. | | | |
| Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. | | | |
| Advance Order - # of Copies | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2435 (enclose an extra copy of this form). | | | |
| Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | |

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Marles Authorized Signature _ Typed or printed name Charles M. Cox

Date August 4, 2005

Registration No. 29,057

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